ACHA-PSAS

American College Health Association
Patient **S**atisfaction **A**ssessment **S**ervice

REFERENCE GUIDE

American College Health Association

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INTRODUCTION

The American College Health Association Patient Satisfaction Assessment Service (ACHA-PSAS) project was formally initiated by the ACHA Benchmarking Advisory Committee in 2007. The process was started in the prior three years by collecting samples of patient satisfaction surveys conducted by individual colleges/ universities. Members of the Benchmarking Advisory Committee took primary responsibility in reviewing the collected sample surveys and deriving a set of questions that were common among the collective surveys as well as questions that were pertinent to assessing patient satisfaction in the college and university health services setting.

The purpose of this initiative was to standardize a patient satisfaction assessment through which multiple student health services could implement the instrument to obtain patient satisfaction information at their respective college health service and to gauge their performance against other college health services across the country. This benchmarking provides insight into the quality and performance of their health service and provides guidance on aspects of the health service that can be improved or changed. The ACHA-PSAS also serves the college/university by offering a mechanism for administration to receive data regarding the level of satisfaction of the institution of higher education (IHE) health service over time.

A feature of the ACHA-PSAS is the ability for the student health service to monitor the ongoing assessment results during the collection period and make necessary adjustments where needed, such as addressing dissatisfaction regarding health care and services provided, waiting times, facilities and support staff issues. Each IHE receives a URL to their on-line report, which can be viewed 24 hours a day and seven days a week and is updated automatically.

INSTRUMENT

The ACHA-PSAS is a web-based instrument that allows easy implementation and frees the health service and college/university from compiling the assessment results and producing a summary report. The ACHA-PSAS can be completed by a patient in a minimal amount of time. The invitation to participate is sent by the student health service or information technology department via e-mail. The invitation is customized as much as possible for each IHE and contains a URL to the ACHA-PSAS. The ACHA-PSAS is composed of three main sections: student demographics, core questions, and supplemental questions intended to further explore lower ratings on the core questions.

PILOT 1

The first four questions are patient demographics including: 1) gender, 2) race, 3) enrollment status, and 4) whether or not they use the student health service as their primary care provider. The core questions identify the provider, indicate whether the provider washed their hands or used a hand sanitizer, and address 14 areas regarding the patient's satisfaction with the visit including quality of care and the overall experience of the patient's visit to the student health service. The core questions have a Likert scale of 0 (not satisfied) through 5 (very satisfied). In addition to the 14 core questions there are seven supplemental questions to be addressed if the student indicates a Likert scale score of 0 through 3 on any of the core questions. For example, if the student reported less than satisfactory on a core question, s/he is directed to a supplemental question regarding the reasons for dissatisfaction. The supplemental questions present several elements for the patient to "select all that apply." Finally, there is an open-ended comments question.

Demographics

During the spring of 2007, nine schools participated in pilot testing of the ACHA-PSAS. Surveying occurred from March 13, 2007, through June 15, 2007. Institutional attributes were as follows: All campuses were four-year, representing the following Carnegie Classifications: seven doctoral/research universities, one masters college/ university and one baccalaureate college/university. Five of the IHEs were larger than 10,000 in student population. There were three public and six private IHEs. The patient response proportion was 16% overall with a range of 6.5% to 27.6%. The final sample size of submitted surveys was 2,709 for the nine IHEs.

Results

Each IHE received: 1) a link to monitor their survey results on a 24 hour basis, 2) an Institutional Frequency Report broken down by male, female, transgender, and all students combined with accompanying bar graphs, 3) an Excel file of their data with a separate codebook, 4) a SPSS (Statistical Package for the Social Sciences) file of their survey data with a built in codebook, and, 5) a Reference Group Report of the combined results (blinded) of the nine IHEs for comparison purposes.

Reliability

The Reference Group data were subjected to additional analyses including Principal Components Factor Analysis and Reliability Analyses. The purpose of the Principal Components Analysis is to determine if groups of items are related, and it provides a structure to conduct Reliability Analysis. The Principal Component Analysis, using the 14 core items from the ACHA-PSAS, produced two components with Eigenvalues over 1. An Eigenvalue of 1 or larger is an indication of an acceptable component/factor solution. The first component was named "Quality of Care" and the second component was named "Quality of Environment." The first component accounted

for 30.1% of the variance and the second component an additional 26.3%. One item did not load on either component: PS14 Explanations given about payment and billing issues.

Each component was then subjected to a Reliability Analysis. The purpose of the Reliability Analysis is to determine if the items are likely to produce the same pattern of results when used again in a similar population. The average inter-item correlation was .70 for the first component and .38 for the second component. The average inter-item correlation indicates the magnitude of association within the group of items. Clearly the first component, Quality of Care, demonstrated strong relationships among the items. The second component, Quality of Environment, was still robust but the correlation coefficient was not as strong as the first component.

The Standardized Alpha results are presented below. The Standardized Alpha has a range of 0 to 1. The higher the number, the more reliable the set of items are. As can be seen in the Table "Quality of Care," the Standardized Alpha was .93, which indicates strong reliability of these items. Although not as high, Quality of Environment still shows strong reliability with a Standardized Alpha of .81.

	Quality of Care:	Alpha if item deleted
PS12	Quality of the explanations and advice you were given for your condition and the recommended treatment:	.909
PS10	The provider listened carefully to your concerns:	.915
PS11	Amount of time spent with the provider:	.919
PS13	How well your pain was addressed:	.919
PS18	Your overall satisfaction with your visit:	.908
PS19	How likely are you to recommend the health service to another student?	.928
	Standardized Alpha:	.933

	Quality of Environment:	Alpha if item deleted
PS8	Friendliness, courtesy, and helpfulness of the registration staff:	.763
PS7	Efficiency of the check-in and check-out process:	.769
PS9	Friendliness, courtesy, and helpfulness of the non-provider medical staff (nurses, laboratory technicians, medical assistants etc.):	.779
PS16	Cleanliness and general appearance of the health center:	.788
PS5	Ease of scheduling an appointment that meets your needs:	.786
PS6	Amount of time needed in the health service to complete your appointment:	.776
PS15	Your confidentiality and privacy were carefully protected:	.791
	Standardized Alpha:	.810

PILOT 2

The first five questions are patient demographics including: 1) gender, 2) race, 3) enrollment status, 4) whether or not they were referred to a health care provider outside or their college/university, and 5) whether or not they use the student health service as their primary care provider. The core questions identify the provider, indicate whether the student received information to improve health during the visit and whether the provider washed their hands or used a hand sanitizer, and address 14 areas regarding the patient's satisfaction with the visit, including quality of care and the overall experience of the patient's visit to the student health service. The core questions have a Likert scale of 0 (not at all satisfied) through 5 (very satisfied). In addition to the 14 core questions there are seven supplemental questions to be addressed if the student indicates a Likert scale score of 0 through 3 on any of the core questions. For example, if the student reported less than satisfactory on a core question, s/he is directed to a supplemental question regarding the reasons for dissatisfaction. The supplemental questions present several elements for the patient to "select all that apply." Finally, there is an open-ended comments question.

Demographics

During the spring of 2008, 7 schools participated in the second pilot testing of the ACHA-PSAS. Surveying occurred from March 3, 2008, through June 30, 2008. Institutional attributes were as follows: All campuses were four-year, representing the following Carnegie Classifications: five doctoral/research universities, one masters college/university and one baccalaureate college/university. One IHE was less than 5,000 in student population, one IHE between 5,000-10,000, two IHEs between 10,000-20,000 and three IHE over 30,000. There were four public and three private IHEs. The patient response proportion for three IHEs reporting was 18.67% overall with a range of 11% to 29%. The final sample size of submitted surveys was 3,387 for the seven IHEs.

Results

Each IHE received: 1) a link to monitor their survey results on a 24 hour basis, 2) an Institutional Frequency Report broken down by male, female, transgender, and all students combined with accompanying bar graphs, 3) an Excel file of their data with a separate codebook, 4) a SPSS file of their survey data with a built in codebook, and 5) a Reference Group Report of the combined results (blinded) of the seven IHEs for comparison purposes.

Reliability

The Reference Group data were subjected to additional analyses including Principal Components Factor Analysis and Reliability Analyses. The purpose of the Principal Components Analysis is to determine if groups of items are related, and it provides a structure to conduct Reliability Analysis. The Principal Component Analysis, using the 14 core items from the ACHA-PSAS, produced two components with Eigenvalues over 1. An Eigenvalue of 1 or larger is an indication of an acceptable component/factor solution. The first component was named "Quality of Care" and the second component was named "Quality of Environment." The first component accounted

for 49.9% of the variance and the second component an additional 9.5%. One item did not load on either component: PS16 Explanations given about payment and billing issues.

Each component was then subjected to a Reliability Analysis. The purpose of the Reliability Analysis is to determine if the items are likely to produce the same pattern of results when used again in a similar population. The average inter-item correlation was .70 for the first component and .38 for the second component. The average inter-item correlation indicates the magnitude of association within the group of items. Clearly the first component, Quality of Care, demonstrated strong relationships among the items. The second component, Quality of Environment, was still robust but the correlation coefficient was not as strong as the first component.

The Standardized Alpha results are presented below. The Standardized Alpha has a range of 0 to 1. The higher the number, the more reliable the set of items are. As can be seen in the Table "Quality of Care," the Standardized Alpha was .93 which indicates strong reliability of these items. Although not as high, Quality of Environment, still shows strong reliability with a Standardized Alpha of .81.

	Quality of Care:	Alpha if item deleted
PS13	Quality of the explanations and advice you were given for your condition and the recommended treatment:	.917
PS11	The provider listened carefully to your concerns:	.923
PS15	How well your pain was addressed:	.922
PS14	Received information during visit that will use to improve my health	.934
PS12	Amount of time spent with the provider:	.925
PS20	Your overall satisfaction with your visit:	.916
PS21	How likely are you to recommend the health service to another student?	.925
	Standardized Alpha:	.937

	Quality of Environment:	Alpha if item deleted
PS9	Friendliness, courtesy, and helpfulness of the registration staff:	.788
PS8	Efficiency of the check-in and check-out process:	.778
PS18	Cleanliness and general appearance of the health center:	.795
PS10	Friendliness, courtesy, and helpfulness of the non-provider medical staff (nurses, laboratory technicians, medical assistants etc.):	.789
PS17	Your confidentiality and privacy were carefully protected:	.796
PS6	Ease of scheduling an appointment that meets your needs:	.793
PS7	Amount of time needed in the health service to complete your appointment:	.796
	Standardized Alpha:	.824

PRODUCTS

ACHA will produce a number of products for each IHE that will allow them to evaluate the results of the ACHA-PSAS for their respective campus. Each IHE will also receive a Reference Group Report that will allow them to compare results from their campus ACHA-PSAS with aggregate results from all participating schools (blinded participant identities) for benchmarking purposes. The following is a list of products that each IHE will receive:

1. Web access to results via charts and comments on a 24 hour basis as the survey is ongoing. Access is available only while the survey is active
2. Institutional Report at end of survey period within a 4-6 week period
3. PowerPoint presentation of survey results in chart format
4. Institutional data in an Excel file with separate codebook or SPSS with a built in codebook
5. Reference Group for benchmarking institutions of higher education (IHE) with a combined set of participating IHEs (blinded participant identities) at end of survey period (The final reports will be processed within a 2 month period.)

Final Survey Changes/Additions/Deletions

The ACHA Board of Directors Meeting (held in June 2008 Orlando, FL), in conjunction with the co-chair of the Benchmarking Advisory Committee, approved a final version of the ACHA-PSAS to be implemented beginning fall 2008 with the following changes, additions, and deletions:

The following question was deleted from the survey:

4. Were you referred to a health care provider outside of your college/university?

◻ Yes

◻ No

◻ Not applicable

The following change was made to all Likert scaled questions. The lowest value of the scale, 0, was newly labeled "very dissatisfied" from the previous label of "not at all satisfied." Below see an example of the new labeling:

5. Ease of scheduling an appointment that met your needs:

◻ 0 Very dissatisfied

◻ 1

◻ 2

◻ 3

◻ 4

◻ 5 Very satisfied

The following change was made to the wording of old question 10 and supplemental question 10A, now question 9 and 9A. The original wording follows:

10. Friendliness, courtesy, and helpfulness of the non-provider medical staff (nurses, laboratory technicians, medical assistants, etc.):

The new wording follows:

9. Friendliness, courtesy, and helpfulness of the staff assisting your provider:

The survey contains a customized list of provider names supplied by each IHE, if desired. The last category has been changed from:

Not sure/can't remember

To the following wording:

Not sure/can't remember/provider not listed

The addition of a "not applicable" was made to the scaling of the pain question. Please see below:

14. How well did your provider address your pain:

- 0 Very dissatisfied
- 1
- 2
- 3
- 4
- 5 Very satisfied
- Not applicable

The final change made to the survey had to do with the question regarding how likely is the student/patient to recommend the health center to another student/patient. The previous version had the lowest category labeled "not at all likely."

In keeping with the new changes to the Likert scaling the question now reads as follows:

20. How likely are you to recommend the health service to another student?

○ 0 Very unlikely

○ 1

○ 2

○ 3

○ 4

○ 5 Very likely

Below is the link to the generic ACHA-PSAS. This link is provided so that you may view the finalized survey in full. This link is NOT to be sent to students. Each IHE will have a personalized survey link with your health center name and your providers if you choose to include them in the survey.

Please remember if the student/patient selects 0-3 on the majority of Likert scaled questions s/he will be brought to a supplemental question exploring the reasons for the lower satisfaction ratings. If the student/patient selects 4 or 5 s/he will automatically skip the supplemental question.

https://vovici.com/wsb.dll/9346/PATIENTSAT-2008-09.htm